



Wisconsin Department of Public Instruction
STATE INSTANT DEPOSIT PROGRAM
CORRECTION FORM
PI-1145 (Rev. 09-05)

INSTRUCTIONS: Refer to detailed instructions below. Mail completed form to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
SCHOOL FINANCIAL SERVICES
ATTN: JANETTE I. GOSDECK
P.O. BOX 7841
MADISON, WI 53707-7841

INSTRUCTIONS:

1. Complete Section I to identify agency/school district submitting this form.
2. Choose either option "A" or option "B". Complete left-hand portion of form to identify **current** information. Complete right-hand side of Section II for **changes**.
3. *If option "A" is chosen:* Take form to your bank and secure a signature from a bank official to verify accuracy of your account numbers. Attach a preprinted deposit ticket if you have one. Then mail to the above address.
4. *If option "B" is chosen:* Send completed form directly to the Department of Public Instruction and we will obtain account verification from the State Treasury. You must be a member of the Local Government Pooled Investment Fund first. Contact the Office of the State Treasurer for details.
5. Section III, self explanatory.

I. IDENTIFICATION

Name of Agency/School District

FOR DPI USE

Address Street, City, State, ZIP

II. ACCOUNT INFORMATION (Choose Option A or B)

Requested Effective Date

Option A ☐ Local Financial Institution

Current

Requested Change

Financial Institution

Financial Institution

Branch if any

Branch if any

Street Address

Street Address

City, State, Zip

City, State, Zip

Bank Routing Number 9-digits

Bank Routing Number 9-digits

Depositor Account Number

Depositor Account Number

Signature of Bank Official

Date Signed



Option B ☐ Local Financial Institution

Local Government Pool Number

Local Government Pool Number

Sub-Account Number

Sub-Account Number

Routing Number

075 00 0022

Depositor Acct. No.

111 851 166

Routing Number

075 00 0022

Depositor Acct. No.

111 851 166

Signature of State Treasurer's Office

Date Signed



III. CERTIFICATION OF AGENCY/SCHOOL DISTRICT

I HEREBY AUTHORIZE the State of Wisconsin, hereinafter called State, to deposit directly to the organization's demand account at the depository named above or the Local Government Pooled Investment Fund administered through the Office of the State Treasurer, hereinafter called Depository, to credit same to such account. The State is authorized to verify data directly with the Depository. I also authorize the State of Wisconsin to make debit adjustments to the same account to correct problems or errors. This authority is to remain in full force and effect until State has received written notification from this organization to change the designated Depository in such time and in such manner as to afford state and Depository a reasonable opportunity to act on it.

Print or Type Name of Administrator or Designee

Title

Signature of Administrator or Designee

Date Signed



Contact Person's Name

Telephone Area/No.